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ABSTRACT

The report documents findings from a study of the changes over a 2-year period in abusive or neglectful behavior of 171 parents. Interview and case record data are said to indicate that 76% of the Ss had shown some signs of improvement in their ability to give adequate physical care and 75% in their ability to provide emotional care. Most frequently noted continuing parental problems in failure to change are reported to be lack of insight and resistance to help. It is explained that three variables describing the parent (mother's age, her competence as a housekeeper, and a tendency towards non-authoritarianism) and two describing the agency (length of service and number of services) differentiated significantly between the parents who had shown improvement and those who had not. Differences between abusive and neglectful families are cited. (CL)

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# IDENTIFICATION OF FACTORS ASSOCIATED WITH THE DISCONTINUATION OF PARENTAL ABUSE AND NEGLECT

## A Pre-publication Report of Key Findings

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IDENTIFICATION OF FACTORS ASSOCIATED WITH THE DISCONTINUATION OF PARENTAL ABUSE AND NEGLECT

A Pre-publication Report of Key Findings

## I. Objective of the Study

This study was planned and conducted[1] in response to a request for proposals made by the National Center on Child Abuse and Neglect in the fall of 1974, that outlined a series of issues for which research was needed. The specific issue to which this study was responsive was: "What are the operative factors or pervasive influences that result in the permanent discontinuation of abusive or neglectful behavior in some parent figures and recidivism in others?"

The term "permanent" was dropped in recognition of the fact that the 2 year time limit placed on the studies to be funded prohibited the longitudinal design required to determine whether changes in abusive or neglectful behavior were in fact permanent. This study deals with changes—or lack of change—in such behavior within the 2 to 3 year time period in which most of the families in this sample were under the observation of protective services agencies. It was planned on the assumption that some of the factors associated with change could be identified through interviewing parents whose behavior had led to complaints to agencies. The study focused on cases where the complaint had been substantiated and where there had been adequate opportunity to make constructive changes through the services offered by the agencies.

## II. The Data

Data were collected between November 1975 and November 1976 from 171

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1. This study was funded by Grant No. 90-C-429. National Center of Child Abuse and Neglect, Administration for Children, Youth, and Families, Office of Human Development, Department of Health, Education, and Welfare, in fiscal years 1975-77.

families, usually with the mother as the principal respondent. These client reports were supplemented by information from the case records. These families were identified through the cooperation of the Westchester County Department of Social Services, White Plains, New York (42 families); the Denver Department of Welfare, Denver, Colorado (25 families); the Montgomery County Childrens Services Board, Dayton, Ohio (30 families); the Hennepin County Department of Welfare, Minneapolis, Minnesota (25 families); the Trumbull County Children Services Board, Warren, Ohio (34 families); and the Knox County Department of Human Services, Knoxville, Tennessee (15 families). All of the families had been referred to the agency at least two years earlier.

The 2 hour depth interview included a detailed account of the situation leading to the family's involvement with the agency, their experiences with the services offered, the family's current socioeconomic situation, a description of the current status of each of the children, the parents' feelings about the parental role and their own childhood. A questionnaire that included self-esteem scales and measures describing childrearing practices and attitudes toward agencies was filled out by the parents at the end of the interview. The agency's record was reviewed by the interviewer. Supplementary data were contributed by the worker. Workers also filled out questionnaires giving information about themselves as well as evaluations of the parents' responses to their efforts.

## III. Characteristics of the Study Population

In general, the study sample does not appear to differ in any significant way from those seen in other studies of abuse and neglect or other poverty-level populations. The families were usually headed by single parents, mothers much more frequently than fathers. Only 32% included two parents and in only 18% was the biological father of the children legally married to and living with

the mother. The sample was about evenly divided between those whose marital status remained unchanged during the period covered (48%), and those who experienced a major change (separation, remarriage, etc.). Very few were living as extended families, either with grandparents or other relatives. Family size was relatively large: 44% of the mothers had raised four or more children. The median age of the mother at the time of the interview was 30 and the median at the birth of the first child was 19. Two-thirds of the families were white, 20% were black, and 12% were of other minorities. They were highly mobile, 73% having changed residence within the time period covered by the interview. Half the families were supported by welfare or other public funds, such as Social Security. The mean income was $104 a week. Economic problems at the time of intake were reported for 72% of the families and housing problems for 60%. Most mothers (63%) had worked but their experiences were largely in unskilled occupations, of brief duration, and erratic. Only 9% could be said to have had a clear identification with an occupational role or to be in the job market with some degree of stability.

Two-thirds of the parents were judged to be living relatively isolated lives, in contact with only a few relatives, belonging to no organizations and having relatively little social life. Forty-three percent described themselves as accepting their role as parents and finding great satisfaction in it, although almost as many expressed mixed feelings (39%), indicating both satisfactions and burdens. Only 9% clearly rejected the role. This relatively positive view of parenting was present despite evidence of a considerable number of problems in childrearing. The respondents were asked to describe the status of each child in the family in relation to health, schooling, and relations with siblings, peers, parents and other significant adults. As is apparent in Table 1, which shows the incidence of problems taking into account all the children in the family, health problems were reported most frequently, and each of the categories

of problems except relations with peers was reported for more than one-third of the children.

Table 1

Problems with Children[2]
N=171

| | % |
|---|---|
| Health | 47 |
| Relationships with significant adults (teachers, relatives other than parents) | 40 |
| School (performance and behavior) | 36 |
| Relationships with parents | 36 |
| Relationships with siblings | 34 |
| Relationships with peers | 22 |

Parents were asked how they coped with each problem they named. They reported consulting other people more than twice as often as any other method of handling problems. This is not surprising for a group of parents who had been receiving considerable service. Just under a third said they used physical punishment, the behavior that in its extreme form can constitute abuse.

Table 2

Methods of Coping with Problems[2]
N=171

| | % |
|---|---|
| Involving others (consulting social workers, teachers, family, friends) | 77 |
| Mild verbal methods ("talking to the child") | 36 |
| Evasion ("let them fight it out") | 36 |
| Physical punishment | 32 |
| Helplessness (no idea what to do) | 25 |
| Isolation (making child stay in his/her room) | 23 |
| Strong verbal methods (scolding) | 22 |
| Deprivation (taking away privileges) | 17 |

2. Column totals are greater than 100% since multiple problems, methods of handling, and childhood problems were mentioned in many families.

A small minority of the parents (16%) reported having been abused as children. Childhood histories of serious problems were given with equal frequency (29%) as those giving essentially positive descriptions of their earlier life experiences (32%).

The most frequently named childhood problems are listed in Table 3, with excessive demands leading the list and parental absence or indifference reported almost as often.

Table 3

Childhood Problems [2]
N=171

| | % |
|---|---|
| Excessive demands/restrictions | 39 |
| Physical or psychological absence of parent | 29 |
| Lack of love/parental indifference | 27 |
| Pressure to escape from home | 19 |
| Deprivation/neglect | 19 |
| Death of parent | 15 |
| Multiple parenting | 12 |
| Premature/excessive responsibility | 12 |
| Sibling rivalry | 12 |
| Alcoholic parents | 11 |
| Chronic conflict in home | 11 |

IV. Changes during Service

Fifty-six percent of these families had come to the attention of the protective services department in their community as a result of neglect complaints, 25% for abuse, and 13% for a combination of both. The remaining five percent were referred for service, apparently because a potential for abuse or neglect was perceived by the referring source, most frequently another agency. The families were given service by the agencies for a mean period of 2 years. In addition to counseling by protective services workers, almost all families were offered two or more types of service (foster care, housekeeper service, day care, referrals for financial assistance, health services, etc.). In 53%

of the families at least one child was placed either in foster care or with relatives. Forty-seven percent were given a variety of in-home support services, with no single form of service or combination of services predominant. Most families (59%) expressed a relatively high degree of satisfaction with the services offered.

The data provided a variety of indicators of improvement. A review of both interview and case record data made by research staff indicated that 76% of the parents had shown some sign of improvement in their ability to give adequate physical care for their children and 75% in their ability to nurture their children emotionally. On a list of 19 specific indicators of progress based on the case records, the median number of changes seen was four. The most common indicators of improvement seen were the following:

| | % |
|---|---|
| Parent sought help with child | 44 |
| Improved physical care of children | 43 |
| Parent feels more adequate as a parent | 42 |
| Parent shows more insight into own behavior | 42 |
| Parent shows more self-esteem | 37 |
| Parent improved housekeeping | 36 |
| Parent took children to clinic | 35 |

On a list of 10 indicators describing positive changes in the child, a median of three were checked, the following most frequently:

| | % |
|---|---|
| In good health | 61 |
| No significant emotional problems | 49 |
| Adequately dressed | 46 |
| Clean | 44 |
| Better nourished | 39 |
| Working at grade level or improving | 34 |

On a list of indicators of parental failure to change, the following continuing parental problems were the most frequently noted:

| | % |
|---|---|
| Lack of insight | 30 |
| Resistance to help | 25 |
| Erratic handling | 23 |
| Continuing conflict | 19 |
| Poor housekeeping | 16 |
| Continuing alcohol abuse | 15 |
| Withdrawal | 15 |
| Suspiciousness | 14 |
| Poor management of money | 12 |
| Inability to set limits | 11 |

Indicators of failure as reflected in child behavior included ongoing emotional disturbances reported for 19%, school failure for 15%, learning disabilities for 13%, and unmanageability for 13%.

The agency had closed 53% of the cases. Of the families from which children had been placed, all the children had returned home in 41%, some had remained in placement in 47%, and all remained in placement in 13%. In half, no complaints, other than the one that initiated the contact with protective services, had been made.

The 171 families in the study cared for a total of 571 children. No information was obtained on 19 children, leaving a total of 552 in the sample analyzed. In this group, 54% were boys and 46% girls. Thirty percent were preschool children, 40% were between ages 6 and 12, and the remaining 30% over 13. The median age was nine. Of these, 52% were victims of neglect and 20% victims of abuse. Fifteen percent were siblings of abuse victims, not involved in the complaint, and 13% siblings of neglect victims, usually older or out of the home.

It should be noted that the positive picture obtained from most of these figures indicates that sample selection was biased, as would be expected, in favor of the more responsive and more strongly motivated parents. The extent of

this bias is impossible to assess for lack of comparative data on the total population served by any of the agencies involved. The presence, however, of a substantial minority of cases that could be described as failures makes possible the systematic comparison necessary to answer the questions raised by the study about the factors associated with parental behavior.

## V. Factors Associated With Successful Outcome

### A. Major Outcome Variables

It is rarely possible to observe in actuality the "discontinuation" of abusive or neglectful behavior on the part of parents. In research, as in practice, such a change has to be inferred from specific indicators that are considered reliable reflections of change. In the case of the problem under examination, the situation is further confounded by the fact that society prohibits the indefinite continuation of abuse and neglect. Those children known to protective services are likely to be removed from their homes or to remain in foster care as long as there is a possibility that parents might resume their former behavior. In reality then, changes for this population of parents are reflected in their ability to persuade their workers that they have in fact ceased to be abusive or neglectful. The problem posed for this study was that of choosing valid indicators of successful persuasion. The choice of such indicators is often a major problem, frequently the central problem, in studies involving the treatment of pathological or deviant behavior and this project was no exception.

After considerable exploration and analysis, only one measure--an index of improvement based on staff judgments--produced relatively unambiguous findings. Another outcome measure--the return of children from foster care--also proved useful but is obviously limited by the fact that it is applicable to only half the children in the sample. The findings produced through the use of these two

outcome indicators will be presented, followed by a discussion of the problems presented by two other indicators: repeated complaints and case closing.

1. Overall Improvement. An index was developed that reflected the overall improvement of the parents in the study as seen in both interview and case record data. It consisted of six strongly intercorrelated variables: 1) a research staff judgment as to whether there had been any improvement in the mother's physical care of the child, 2) a research staff judgment as to whether there had been any improvement in response to the child's emotional needs, 3) the number of indicators of parental progress (described in IV), 4) whether the case record gave indications of improvement in the mother's sense of adequacy as a mother, 5) whether the record indicated improvement in the mother's self-esteem, 6) whether it indicated improvement in the mother's physical care of the child. Each respondent was assigned a score that was the mean of these six items. The sample was then divided into three groups: those with poor outcome scores (30%), average scores (37%), or relatively high scores (33%).

Evidence of the predictive validity of this measure is provided by the fact that the score on the improvement index is correlated (.357) with the worker's feelings of satisfaction in working on the case: the greater the degree of improvement, the more likely the worker was to have expressed satisfaction in working on the case. It is also correlated (.279) with the return of children from foster care.

Three variables describing the parent and two variables describing the agency effort differentiate significantly between the parents who had shown improvement and those who had not. All of these variables account for a statistically significant proportion of the variance in improvement, independently of any interaction they may have with other variables.

The parent characteristics are the mother's age, her competence as a housekeeper, and a tendency towards non-authoritarianism reflected in her willing-

ness to demand less than total obedience from her children. The agency variables are the length of service and the number of services. The following tables illustrate each relationship.

a. Mother's age and improvement

Mothers who were 33 years of age or over were disproportionately represented among those who failed to improve.

Table 1

Mother's Age and Improvement
N=171

| | Under 28 N=73 % | 29 - 32 N=35 % | 33 and over N=63 % |
|---|---|---|---|
| Low improvement | 24 | 24 | 43 |
| Average | 37 | 34 | 37 |
| High improvement | 39 | 42 | 20 |
| | 100 | 100 | 100 |

Chi-square = 9.41, significant at .05 with 2 df.

b. Mother's housekeeping ability and improvement

The case reading schedule called for an assessment of the mother's ability as a housekeeper, based on the information in the record. Mothers rated as poor housekeepers also rated low on improvement; mothers rated average or high showed some or considerable improvement.

Table 2

Housekeeping Ability and Improvement
N=158

| | Poor Housekeeping N=50 % | Average or Better N=108 % |
|---|---|---|
| Low improvement | 40 | 21 |
| Average | 36 | 39 |
| Above average | 34 24 12 | 40 |
| | 100 | 100 |

c. Mother's authoritarian tendencies and improvement

Included in the self-administered questionnaire given the parents at the end of the interview were a number of items intended to measure authoritarian tendencies. These items were included to test the assumption that they differentiated between abusive and neglectful parents and that the more authoritarian parents would be less amenable to change. Of these items, only one differentiated between those parents who improved and those who did not: "Children should obey immediately when told to do something," a statement with which 70% of the respondents agreed. Parents who agreed *strongly* with this statement tended to have low improvement scores.

Table 3

Authoritarian Tendencies and Improvement
N=171

| | Strong Agreement N=69 % | All Others N=102 % |
|---|---|---|
| Low improvement | 41 | 23 |
| Average | 35 | 38 |
| High improvement | 24 | 39 |
| | 100 | 100 |

Chi-square = 7.24, significant at .027 with 2 df.

d. Period of Activity

The length of time a case was open was directly related to the degree of improvement seen. Families where little improvement was seen were those active a year or less. Cases active over 2 years tended to have an increasingly higher proportion of families showing improvement.

Table 4

Period of Activity and Improvement
N=171

| | Not more than 12 months N=27 % | 13 - 18 N=29 % | 19 - 24 N=30 % | 25 - 31 N=35 % | 32 - 36 N=21 % | 37+ N=29 % |
|---|---|---|---|---|---|---|
| Little improvement | 63 | 24 | 33 | 20 | 24 | 17 |
| Some improvement | 15 | 52 | 40 | 43 | 24 | 41 |
| High improvement | 22 | 24 | 27 | 37 | 52 | 42 |
| | 100 | 100 | 100 | 100 | 100 | 100 |

Chi-square = 25.30, significant at .005 with 10 df.

e. The number of services

The number of separate services given the families--other than counseling by protective services workers--varied from none to 11 with a median of three. The analysis indicated that those who received the average number were more likely to show some or a high rate of improvement than either those who received minimal or extensive service.

Table 5

Number of Services and Improvement
N=171

| | 3-4 Services N=60 % | All Others N=111 % |
|---|---|---|
| Low improvement | 18 | 36 |
| Some improvement | 40 | 35 |
| High improvement | 42 | 29 |
| | 100 | 100 |

Chi-square = 6.26, significant at .04 with 2 df.

2. Factors Associated With Discharge From Foster Care. As noted earlier, all the children had returned home by the time of the study in 41% of the families in which children had been placed in foster care. Some but not all had returned in 47% while none had returned in 13%. Apart from the association of discharge from foster care with general improvement noted earlier, two other variables are associated with the return of children to their homes and also account for statistically significant proportions of the variance on discharge independently of overall improvement. The first of these is the number of children reared in the family: the larger the family, the greater the likelihood that at least some children will continue in foster care.

Table 6

Number of Children in Family and Discharge from Foster Care
N=90

| | 1-2 Children N=29 % | 3-4 Children N=36 % | 5 or More N=25 % |
|---|---|---|---|
| All children at home | 62 | 42 | 16 |
| Some or all children in care | 38 | 58 | 84 |
| | 100 | 100 | 100 |

Chi-square = 11.77, significant at .003 with 2 df.

Income is another factor associated with discharge from foster care. This relationship misses statistical significance at the .05 level in cross-tabulation but accounts for 10% of the variance on discharge in the regression analysis. Families whose income was above the median for this group were more likely to have their children at home than those whose income was below the median.

Table 7

Income and Return from Foster Care
N=90

| | Below Median N=51 % | Median or Higher N=39 % |
|---|---|---|
| All children at home | 33 | 51 |
| Some or all children in care | 67 | 49 |
| | 100 | 100 |

Chi-square = 2.94, significant at .09 with 1 df.

It should be noted that since many of the subjects of the study were on welfare, the relationship between income and foster care could be an artifact of the welfare allowances which are usually reduced when children are placed away from home. A review of the interview material indicates that such reductions did occur in some of the cases involved but in the majority there was no apparent relationship between the size of the family income and the fact that the children were out of the home.

B. Dubious Outcome Variables

Researchers generally focus their reports on their strongest findings and do not, as a rule, burden their readers with the discussions of analytic procedures that proved unproductive. In this instance, however, the results of some of the study's efforts merit reporting, because they may contribute to knowledge of how *not* to assess child abuse. The strong concern in the field with the problem of establishing the true incidence of abuse and neglect in this country means in turn that the identification of variables that are valid indicators of the extent to which the reported cases are true cases of abuse or neglect is of central importance. Valid indicators make it possible to assess not only the magnitude of the problem but also the extent and the conditions under which positive change is effected. Some indicators assumed to be valid on

a common sense basis prove on closer examination to have less validity than had been thought, as was the case in this study.

1. Multiple Complaints. Studies of changes in t[illegible] behavior of abusive or neglectful parents have been referred to in some quarters as studies in "recidivism." Data from the present study suggest that this is a questionable term for this problem. The dictionary definition of "recidivism" is a "tendency to relapse into a previous condition or mode of behavior." It has also been customary in some fields of practice to limit the meaning of the term to relapses after treatment. In either case, the term might be appropriate for studies limited to the physical abuse of children where the parents' behavior is apt to be episodic. The majority of the parents in this study are neglectful, which means primarily that they fail to take actions concerning the health and welfare of their children that are generally considered essential. This is a condition of inaction rather than action and "recidivism" is not an appropriate term for it. The number of complaints may then be a function of the relative visibility of some families' problems rather than of any actual changes in parental behavior.

In the sample studied, slightly less than half (48%) were involved in only one complaint. For 24%, there had been complaints prior to the 1973 complaint on which inclusion in the study was based. For 18% there were complaints after 1973, and for 5%, complaints both before and after.

When families in which there were multiple complaints were compared with families in which there was only one complaint, relatively few significant differences appeared. There were no differences between these two groups in their scores on the improvement index, our principle outcome variable. The significant differences that were identified tend to support the hypothesis that repeated complaints are a function of the family's visibility.

a. Multiple complaints and repetition of life style

A list of ongoing stresses used in the form developed by the National Clearinghouse on Child Neglect and Abuse was incorporated in the case reading schedule for the purpose of assessing the extent to which the study population differed from larger samples of abusive and neglectful parents. One of these stresses was listed as "repetition of family style," referring to long-term patterns of deviant behavior. These families showing this form of stress had a history of severe problems, usually dating from the childhood of one or both parents, continuing into adulthood, and predating any evidence of abuse or neglect. This form of stress was identified in 33% of the families in the study and was strongly associated with multiple complaints, as Table 8 indicates. It also accounts for 6% of the variance on repeated complaints, much more than any other related variable.

Table 8

Repetition of Life Style and
Multiple Complaints
N=171

| | No "Repetition of Life Style" N=114 % | "Repetition of Life Style" N=57 % |
|---|---|---|
| Single complaint | 59 | 33 |
| Multiple complaints | 41 | 67 |
| | 100 | 100 |

Chi-square = 9.83, significant at .002.

b. Size of family and multiple complaints

A second influential variable in relation to multiple complaints is the number of children reared in the family. As Table 9 indicates, one-child families were seldom involved in more than one complaint. The proportion rises

sharply with the two-child family, levels off for three to five children, then rises sharply again for those families with six or more children.

Table 9

Size of Family and Multiple Complaints
N=171

| | One N=19 % | Two N=34 % | Three N=45 % | Four N=25 % | Five N=25 % | Six or More N=23 % |
|---|---|---|---|---|---|---|
| Multiple complaints | 26 | 53 | 42 | 44 | 56 | 78 |
| Single complaint | 74 | 47 | 58 | 56 | 44 | 22 |
| | 100 | 100 | 100 | 100 | 100 | 100 |

Chi-square = 13.53, significant at .02 with 5 df.

c. Multiple complaints and client accessibility

The analysis indicated that the parents' attitude toward their principal workers (positive or negative), and their initial perception of the services offered (whether seen as a threat or a form of help), were highly correlated with their responses to four statements on the self-administered questionnaire:

Social workers give you a chance to talk about the things that are on your mind.

Social workers tell you where to go to get the things you need.

Agencies act like parents have no rights at all--they think they own the children.

Social workers talk too much and never really listen to you.

Taken together, responses on these items could be seen as reflections of the client's accessibility to service. Those who expressed positive feelings about their workers, saw the offer of service as a form of help, agreed with the first two statements listed above, and disagreed with the second pair, were relatively accessible to their workers in contrast to those who responded in the

opposite direction. Parents whose scores were low or average on this index were more likely to fall into the multiple complaint group; those with high scores were more likely to be among those involved in a single complaint.

Table 10

Client Accessibility and Multiple Complaints
N=171

| | Low Accessibility N=59 % | Average Accessibility N=58 % | High Accessibility N=54 % |
|---|---|---|---|
| Multiple complaints | 59 | 53 | 35 |
| Single complaint | 41 | 47 | 65 |
| | 100 | 100 | 100 |

Chi-square = 7.06, significant at the .03 level with 2 df.

Since the measure of accessibility was made after the complaint, it is impossible to be certain of the direction of this relationship between the two. If the measure represents a relatively stable attitude on the part of the respondent, it is possible that the absence of response or lack of accessibility to workers' efforts at the time of the initial complaint helped create the conditions that made the second complaint possible. On the other hand, it is equally likely that those families about whom more than one complaint was made became inaccessible to agency help as a result of greater exposure to agencies, rather than having been inaccessible to begin with.

If the factors associated with multiple complaints are a large number of children and the existence of long-standing multiple problems that have evolved into a life style, the hypothesis that multiple complaints are a function of the visibility of a family situation appears to be supported. Repeated complaints do not necessarily signify that parental behavior is becoming worse. They seem

more likely to mean that the behavior is increasingly visible.

2. Case Closing. Theoretically, the closing of a neglect or an abuse case in a protective services department for a family where the children are in the home should signify, in most instances, that the parents have convinced the authorities that they are no longer abusive or neglectful. If this is so, the status of the case should be an appropriate indicator of successful outcome. In this study, however, the correlational analysis indicated that positive change was related to continuing case activity rather than to closing; the greater the number of improvements or indicators of progress, the more likely the case was to be open rather than to be closed. This relationship might be expected in an agency where client cooperation is voluntary and where an early closing often means resistance or lack of response. That this should also be the case in a protective services' setting is surprising. An analysis of the relationship between key independent variables and the status of the case also provided further evidence that there are many variables that influence case closing, besides positive changes in the family situation, and that cancel out the impact of improvement.

For the purpose of this analysis, the sample was separated into two subsamples: families who received in-home services only and those whose children were placed in foster care at some time during the period covered. Analysis indicated a number of strong differences between these two groups that affected the status of the case and justified treating them separately. Foster care cases were significantly more likely to have been active more than two years (58%) than the in-home cases (40%). They were more likely to involve single parents (77%) than the in-home groups (58%). The presence of chronic health problems in the mother was much greater in the foster care sample (38%) than in the in-home group (12%). They were more likely to have been referred for

mental hygiene services (37% compared to 21%), and to have had a history of earlier complaints (31% to 19%). Agency variables also differed for the two groups. The in-home group was more likely to have had workers with low caseloads (42%), compared to 22% for the foster care sample. Foster care families were more heavily represented in the caseloads of workers who specialized in abuse-neglect cases[3] (74%) than in the in-home sample.

For the 81 families who received in-home support services case closing was associated with a relatively short period of service: less than 2 years. Associated with this shorter period was the involvement of only one worker who offered relatively few services. On an index reflecting the degree to which the worker found the family accessible and responsive, the analysis indicated that most families in closed cases had been found relatively inaccessible.

Other differences were related to family characteristics. Families who were free of housing problems were more likely to be in the closed category; families with housing problems were more likely to be active. Mothers who were rated average or better as housekeepers were more likely to be in the closed group than among the active cases. Mothers who refrained from using physical punishment were more likely to be in the closed category than those who did use this method of discipline.

When one looks at the sample of 90 families whose children were placed in foster care, one finds that the active cases are more likely to have had service from a single worker for over 1½ years. On the other hand, the closed cases are more likely to have had a single worker, regardless of the time involved. The behavior of the major worker is more likely to have been seen as positive in the closed cases than in the active cases. The approach of the worker is more likely

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3. In some agencies, workers carried only cases of abuse or neglect; in others, such cases were part of a general child welfare caseload.

to be seen as authoritarian (interviewer's assessment) in the active cases than in the closed cases. Closed cases were more often found in agencies with relatively low proportions of trained workers than those with a higher proportion of trained workers.

Only two client characteristics were related to the status of foster care cases. The presence of housing problems, as with in-home cases, was related to continued activity. Parents who rejected the parental role were more likely to be active; the more accepting parents likely to have closed cases.

In general then, the picture is one in which positive forces (acceptance of parental role, absence of housing problems, mother's capacity as a housekeeper, avoidance of physical punishment) that work toward case closing are offset by other forces that also lead to case closing (inaccessibility to service, untrained workers). The effects of these variables also vary--sometimes in opposing directions--with the type of service given. The status of the case, like the repeated complaint, does not appear to be a sound indicator of the discontinuation of abusive or neglectful behavior on the part of parents.

3. Negative Findings

In the discussion of a problem about which there is great concern and speculation, with a rapidly developing practice mythology, negative findings--areas in which no differences are found--may have as much, if not more, substantive significance than positive findings. In this study, the relationship between various outcomes and a wide range of variables describing both the family and the community were examined in addition to those reported in the earlier sections of this report. The absence of a relationship with any form of improvement is worth noting on a number of variables.

No relationship was found between any type of improvement and the type of case, i.e., whether the parent was abusive or neglectful. Nor was there any

relationship between improvement and any specific form of stress suffered by the parent, other than the "life style" category noted earlier. Apart from income, no other socioeconomic variable (welfare status, housing, type of employment) bore any relationship to improvement. Nonwhite parents had the same rate of improvement as white parents.

The type of family did not differentiate between those who improved and those who did not; two-parent families did not improve to a greater extent than did single-parent families. Neither was there any relationship with the parent's attitude toward the parenting role; parents with mixed feelings had the same improvement rate as those who were more accepting. None of the data we were able to obtain or actual childrearing practices differentiated between those who improved and those who did not. Neither did measures of self-esteem. Despite strong tendencies toward social isolation in the study sample, this variable did not distinguish between those who improved and those who did not. Neither did the parents' description of their childhoods differentiate their scores on the improvement measure nor did a history of physical abuse or neglect.

There was no significant variation in the improvement rate among the six cooperating agencies, despite regional differences and variations in size, structure, and staffing. Worker training and experience had no relation to the improvement measures, nor did the number of workers on the case, court involvement, the time and effort made by the worker, or whether the worker was authoritarian or supportive in approaching the family. The extent to which clients were initially accessible did not necessarily predict improvement.

## VI. Differences Between Abuse and Neglect Cases

The nature of the data collected permitted examination of some questions that, although not central to the objectives of this study, are of interest to the field. The survey of the literature made in preparation for this study

indicated a general trend in the field to regard abuse and neglect as different phenomena, representing different personality problems, each with its own etiology. In the course of the analysis, the question of the extent to which these subsamples had different characteristics was examined. The presence of conflicting or ambiguous evidence in a number of cases made it necessary to base the analysis on a staff judgment that divided the sample into three categories: 1) neglect (convincing evidence in the record and the interview); 2) abuse (convincing evidence in the record and the interview); 3) marginal (evidence of abuse or neglect not convincing). The first category included 48% of the sample; the latter two, 27% and 25%, respectively. Cases where both abuse and neglect were involved were classified as "abuse." The latter group also included 15 cases in which the respondent was the spouse of the abuser, rather than the perpetrator, which may have had the effect of reducing the number of differences found.

All variables on which differences might be expected were cross-tabulated against these three categories. Fourteen statistically significant differences were found.

Abuse is more likely to be attributed to the father while neglect is attributed to the mother. Both the neglectful and the marginal families were more likely to have heavy childrearing burdens (many children, close spacing, severe health problems) than the abusive parents. The proportion of abusive parents reporting excessive restrictions and harsh treatment as children (not necessarily physical punishment) was considerably higher than the rest of the sample.

On some variables, the neglecting parents differed from the others. They were more likely to have a history of alcoholism than either of the other groups. They were more likely than others to be perceived by the staff as being under

heavy stress. They were more likely to have had community problems at the time of intake, and they were also more likely to have had housing problems at that time.

The marginal families differed from the others principally in their family structure. This group was more likely to include two-parent families than either the abusive or the neglectful groups. The proportion of marginal families with relatively stable marital status during the period covered was significantly higher than for either the neglectful or the abusive groups, both of whom were more likely to have undergone separation or remarriage.

Some differences between abuse and neglect cases became apparent not in the analysis of the family sample, but in the analysis of the sample of children. Parents were asked for information on the current status of each of the children they had reared, regardless of whether the child was involved in the complaint. Because the total sample includes, as noted earlier, 552 children, some differences between abuse and neglect cases became apparent though they were not evident in the smaller family sample.

Abuse victims showed a higher proportion of major relationship problems with the parents than did neglect victims. Among the indicators of progress seen in the record, neglect victims showed improvements in health more frequently than either abuse victims or the siblings of victims. They were also reported as showing improvement in their relationships with their parents more frequently than other children. On the other hand, they were more likely to continue having school problems.

The following table summarizes these differences.

Table 11

Significant Differences Among Marginal, Abusive, and Neglectful Families

| | N=171 Families | | | Significant Level |
|---|---|---|---|---|
| | Marginal N=42 % | Neglectful N=83 % | Abusive N=46 % | |
| 1. Father as perpetrator | 3 | 5 | 45 | .001 |
| 2. Heavy childrearing burdens | 52 | 50 | 30 | .02 |
| 3. Excessive restrictions in childhood | 19 | 13 | 35 | .02 |
| 4. History of alcoholism | 21 | 48 | 26 | .004 |
| 5. Heavy stress | 16 | 33 | 17 | .02 |
| 6. Community problems | 33 | 57 | 33 | .008 |
| 7. Housing problems | 57 | 74 | 50 | .02 |
| 8. Two-parent families | 48 | 27 | 28 | .05 |
| 9. Stable marital status | 64 | 48 | 33 | .02 |

| | N=354 Child Victims | | |
|---|---|---|---|
| | Neglect N=256 | Abuse N=98 | |
| 1. Relationship problems with parents | | 29 (13% all others) | .01 |
| 2. Health improvements | 61 (50% all others) | | .02 |
| 3. Improvements in relationship with parents | 24 (15% all others) | | .02 |
| 4. Continuing school problems | 16 (8% all others) | | .01 |

## VII. Summary and Conclusions

The findings of this study indicate that the factors most strongly associated with the apparent discontinuation of abusive or neglectful behavior on the part of the parents are the mother's age, her housekeeping ability, non-authoritarian attitudes, a relatively long period of agency activity and a moderate number of services in addition to counseling.

Of these, the relationship with age is perhaps the least surprising finding; younger mothers are apparently more open to change, have more resources, and are more receptive to help. The relationship with housekeeping ability is also not surprising, but its interpretation may vary. At one time, this relationship would have been seen--and still might be seen in some quarters--as evidence of middle class bias on the part of social workers, that is, a predisposition to favor clients who share with the worker values such as cleanliness and orderliness, despite the fact that they are not necessarily related to the capacity to raise children. In light of what has been said earlier about the problem of observing changes in childrearing behavior, the significance of housekeeping ability for the worker may lie largely in its visibility. If the mother is sufficiently organized to keep house at an adequate level, it may be inferred that she is also feeding and clothing her children adequately, as well as seeing to their school and health needs. Another possible interpretation is that the mother has learned to "role-play" the adequate parent and has perceived better housekeeping as one of the requirements of this role. Some of the mother's childrearing practices may still be dubious and workers may have strong suspicions that emotional neglect continues to be a problem but as long as there is physical evidence of competence, there is little pressure to continue protective services' intervention.

That personality variables may show some relationship to improvement is

indicated by the link between the measure of authoritarianism and the improvement index. The fact that this relationship was noted on only a single measure suggests that either personality variables are not strong factors in improvement or that such an assessment requires a greater variety of instruments than was possible in this study. The fact that the measure of authoritarianism was taken after parental behavior improved also suggests a learned response resulting from intervention rather than a personality trait that existed before the change in behavior and helped to induce it.

The role of length of service in association with improvement suggests that there are few spontaneous or quick recoveries for parents who have been abusive or neglectful. The link between the *average* number of services and improvement indicates, on the one hand, that worker counseling in and of itself is insufficient to bring about change for these families. On the other hand, it also indicates that the chances for improvement level off after a certain degree of involvement on the part of other services is reached. An exceptionally high number of referrals for service may reflect the "shopping around" phenomenon, in which family involvement with agencies is superficial and has no real impact. It may also mean that cases requiring an unusually high number of services, may present such a multiplicity of problems that they defy all efforts toward improvement. Thus the variables most relevant to parental improvement are the agency's ability to sustain its services for a period of at least 2 years and the choice of three or four concrete services that support the worker's efforts. Other service factors--the frequency of contact, the turnover of the workers, workers' education or experience--apparently do not carry the same weight.

In cases where the child's return from foster care can be used as an outcome measure, the associated factors are the size of the family and its income. Again, the evidence indicates that personality factors do not play a significant role, and that parents' ability to persuade agencies of their ability to care for their

children is likely to be related to the economic burdens they carry.

The findings also indicate that neither repeated complaints nor the status of the case with the agency, (active or closed), are valid indicators of change.

An analysis of the differences among neglectful, abusive, and marginal families shows a variety of differences in their history, family structure, kind and degree of stress, and relationships with their children. This finding supports the observation that these are somewhat different populations, probably requiring different approaches or different forms of help. The study indicates no significant differences, however, on measures of improvement. There is therefore no reason to be more or less optimistic about the capacity of either type of parent to respond to services. Future research on larger samples would be justified in treating each of these three subsamples separately. Such a procedure might produce evidence of different response patterns not apparent in the present study.

Finally, the investigators' overall impression of the study sample, based on the qualitative impact of the interview material as well as the data reported, is of families burdened with all the diverse problems associated with poverty. The adults are involved with and concerned for their children. They are not necessarily rejecting or denying their parental responsibility but have a limited capacity to respond to the needs of children. The incidence of pathology and deprivation among them does not seem any different from what might have been found in any other sample of poor families. The likelihood of being reported to a protective services department for abusing or neglecting their children would almost seem to be a matter of chance, another one of the many hazards of poverty. The 70% improvement rate is probably an over-estimate, since the likelihood of sample bias in favor of "successful" cases is high. Nevertheless, there appears to be some capacity for change, especially among younger parents, provided the agencies involved are prepared for an involvement of at least 2 years and have an adequate system of support services.